

<i>SERFF Tracking Number:</i>	<i>PHYS-127068896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>48194</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Partial Withdrawal Amendment Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Partial Withdrawal Amendment SERFF Tr Num: PHYS-127068896 State: Arkansas

Rider

TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 48194
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Sub-TOI: A02I.003 Single Premium

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Sonja Morton

Disposition Date: 03/11/2011

Date Submitted: 03/09/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/03/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/11/2011

State Status Changed: 03/11/2011

Deemer Date:

Created By: Sonja Morton

Submitted By: Sonja Morton

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Life Insurance Company – NAIC No. 72125; FEIN 47-0529583

Individual Single Premium Deferred Annuity

AR164 – Partial Withdrawal Amendment Rider

Actuarial Statement of Method Update for Partial Withdrawal Amendment Rider

The above captioned form is submitted for review and approval. This form is new and does not replace any currently approved forms. To the best of my knowledge the form complies with all state laws and regulations.



Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The filing fee is \$50.00 per form for all types of filings. Since we are filing one form, the filing fee is \$50.00.
Per Company:	No

PDF Pipeline for SERFF Tracking Number PHYS-127068896 Generated 03/11/2011 01:33 PM

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TOI:	A02I Individual Annuities- Deferred Non-Variable	Sub-TOI:	A02I.003 Single Premium
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/11/2011	03/11/2011

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## Disposition

Disposition Date: 03/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	PARTIAL WITHDRAWAL AMENDMENT RIDER		Yes

SERFF Tracking Number: PHYS-127068896 State: Arkansas

Filing Company: Physicians Life Insurance Company State Tracking Number: 48194

Company Tracking Number:

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium  
Variable

Product Name: Partial Withdrawal Amendment Rider

Project Name/Number: /

## Form Schedule

Lead Form Number: AR164

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AR164	Policy/Cont PARTIAL ract/Fratern WITHDRAWAL al AMENDMENT Certificate: RIDER Amendmen t, Insert Page, Endorseme nt or Rider	Initial		40.000	AR164.pdf

**Physicians Life Insurance Company®**  
2600 Dodge Street, Omaha, NE 68131-2671  
A Stock Company

**Partial Withdrawal Amendment Rider**

This rider is made part of the contract to which it is attached. It is subject to all Contract provisions not in conflict with the provisions of this rider. It is effective on the Issue Date of the contract.

The following replaces the Partial Withdrawal provision in the Partial Withdrawals and Surrenders section of the contract:

**Partial Withdrawal** - A Partial Withdrawal is a withdrawal of part, but not all, of Your Account Value. If any Partial Withdrawal reduces Your Account Value to under \$2,000, We reserve the right to terminate Your contract for the Cash Surrender Value.

1. **Partial Withdrawals Not Subject to Surrender Charges** – This provision applies to the Medicare Supplement Policy indicated in Your application.

a. If the indicated Medicare Supplement Policy has a policy deductible, then:

Partial Withdrawals from Your Account Value will not be subject to Surrender Charges for amounts equal to the out-of-pocket expenses applied to the Physicians Mutual Insurance Company or Physicians Life Insurance Company Medicare Supplement Policy deductible.

b. If the Medicare Supplement Policy does not have a policy deductible, then:

Partial Withdrawals from Your Account Value will not be subject to Surrender Charges for amounts equal to the out-of-pocket expenses incurred for the following benefits not covered by the Medicare Supplement Policy:

- **Medical Benefits:** The coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the co-payment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.
- **Medicare Part A Deductible:** The Medicare Part A Inpatient Hospital deductible amount per Medicare Benefit Period.
- **Skilled Nursing Facility Care:** The actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.
- **Medicare Part B Deductible:** The Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.
- **100% of the Medicare Part B Excess Charges:** The difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law and the Medicare-approved Part B charge.

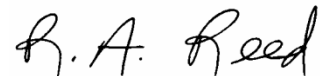


- **Foreign Travel Emergency:** The expenses not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a Calendar Year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

This provision will not apply:

- If any Partial Withdrawal request is greater than Your Account Value and any future Partial Withdrawal request in any amount thereafter;
  - If the Medicare Supplement Policy lapses;
  - Upon notification of Your death; or
  - After the date Annuity Payments begin.
2. **Partial Withdrawals Subject to Surrender Charges** – All other Partial Withdrawals will be limited to a minimum of \$500 for any one Withdrawal and will be subject to Surrender Charges as shown in the Contract Data section.

Physicians Life Insurance Company

A handwritten signature in black ink, appearing to read "R. A. Reed". The signature is written in a cursive, flowing style.

President

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> READCERT Standard.pdf		

**PHYSICIANS LIFE INSURANCE COMPANY**

**OMAHA, NEBRASKA**

**Certification of Flesch**

These form(s) have the following Flesch Readability Score:

Form  
AR164

Flesch Score  
40\*

\*When scored with the base policy, the Flesch Readability Score will always be at least that required by state law.



Vice President  
Physicians Life Insurance Company

March 7, 2011  
Date